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NO. 8850 P. 3

ATTORNEY DOCKET NO. 14162.0001U2
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Maurizio Zanetti

Application No. 10/030,003

Filing Date: May 28, 2002

For: SOMATIC TRANSGENE
IMMUNIZATION AND RELATED
METHODS

)
)
) Art Unit: 1633
)
) Examiner: Wehbe, Anne Marie Sabrina
)
) Confirmation No. 5749
)
)
)

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Via Facsimile Transmission 571/273-8300
Attn: Examiner Wehbe (Anne Marie Sabrina)
Group Art Unit 1633
Commissioner for Patents
P.O. Box 1450 November 2, 2006
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C
Customer Number 23859

November 2, 2006

Dear Sir:

Applicant or patent owner hereby appeals under 37 C.F.R. § 41.31 to the Board of Patent Appeals and Interferences from the decision of the Examiner dated May 2, 2006 finally rejecting claims 1-8, 11-23, 26-35 and 38-43.

The item(s) checked below are appropriate:

1. ☒ An extension of time to respond to the final rejection:
- (a) ☐ was obtained for month(s).
- (b) ☒ is requested herewith under 37 C.F.R. § 1.136.

11/03/2006 TL0111 00000019 10030003

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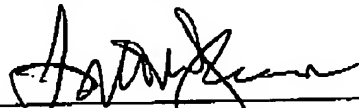
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2. Payment in the amount of \$760.00 for the following fees is to be charged to a credit card and such payment is authorized by the signed, enclosed document entitled Credit Card Payment Form PTO-2038 to cover the following fees:
- ☒ Appeal fee amount pursuant to 37 C.F.R. §41.20(b)(1) = \$250.00 (small entity).
 - ☒ Extension of time fee amount pursuant to 37 C.F.R. §1.17(a)(3) = \$510.00 – three month extension of time fee (small entity).
3. ☐ Enclosed is a Pre-Appeal Brief Request for Review and ____ sheets of reasons.

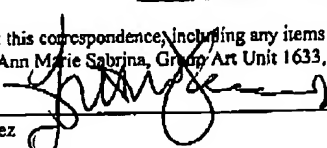
The amount authorized in PTO-2038 is believed to be correct; however, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-0629.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.


Lizette M. Fernandez
Registration No. 46,694

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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8	
I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Examiner Wehbe (Ann Marie Sabrina, Group Art Unit 1633, phone number (571) 273-8300, on the date indicated below.	
 Lizette M. Fernandez	Date <u>11/2/06</u>